

DO NOT WRITE IN THIS AREA

27

NAME: _____ T.A. REG. NO. _____

THIS FORM SHOULD BE USED ONLY AFTER THE ORIGINAL RETURN HAS BEEN FILED AND WITHIN THREE YEARS OF THE DUE DATE OR FILING DATE OF THE ORIGINAL ANNUAL RETURN, WHICHEVER IS LATER.

• ATTACH CHECK OR MONEY ORDER HERE •

DISTRICT		GROSS RENTAL PROCEEDS OR GROSS RENTAL		EXEMPTIONS/DEDUCTIONS (EXPLAIN ON REVERSE SIDE)		TAXABLE PROCEEDS		RATE	TAXES		
		a		b		c			d		
1.	TAXATION DISTRICT 1 (OAHU)							.06			1
2.	TAXATION DISTRICT 2 (MAUI, MOLOKAI, LANAI)							.06			2
3.	TAXATION DISTRICT 3 (HAWAII)							.06			3
4.	TAXATION DISTRICT 4 (KAUAI)							.06			4
5.	TOTAL TAXES DUE (ADD LINES 1 thru 4 of column d AND ENTER HERE.)										5
6.	PENALTIES (ON LINE 5)										6
7.	INTEREST (ON LINE 5)										7
8.	TOTAL AMOUNT DUE (ADD LINES 5, 6, and 7; ENTER AMOUNT HERE.)										8
9.	TOTAL TAXES PAID ON MONTHLY, QUARTERLY, OR SEMIANNUAL RETURNS FOR THE PERIOD. PART III ON REVERSE SIDE MUST ALSO BE COMPLETED.						9.				9
10.	ADDITIONAL ASSESSMENTS PAID FOR THE PERIOD, IF INCLUDED ABOVE.						10.				10
11.	PENALTIES \$ INTEREST \$ PAID DURING THE PERIOD.						11.				11
12.	TOTAL PAYMENTS MADE (ADD LINES 9, 10, and 11)						12.				12
13.	CREDIT TO BE REFUNDED AS SHOWN ON ORIGINAL ANNUAL RETURN						13.				13
14.	NET PAYMENTS MADE (LINE 12 MINUS LINE 13)										14
15.	IF LINE 14 IS LARGER THAN LINE 8, ENTER CREDIT TO BE REFUNDED (LINE 14 MINUS LINE 8)										15
16.	IF LINE 8 IS LARGER THAN LINE 14, ENTER TAXES DUE (LINE 8 MINUS LINE 14)										16
17.	FOR LATE FILING ONLY:						17a	Penalty →			17
							17b	Interest →			
18.	TOTAL AMOUNT NOW DUE AND PAYABLE (ADD LINES 16 AND 17)										18
19.	PLEASE ENTER AMOUNT OF YOUR PAYMENT (PAY IN U.S. DOLLARS ONLY)										19
20.	GRAND TOTAL EXEMPTIONS/DEDUCTIONS FROM BACK OF FORM						20.				

MAKE CHECK PAYABLE TO
HAWAII STATE TAX COLLECTOR
IN U.S. DOLLARS DRAWN ON ANY U.S. BANK
WRITE YOUR T.A. REGISTRATION NUMBER ON THE CHECK

DECLARATION: I declare, under the penalties set forth in section 237D-17, HRS, that this return, including any accompanying schedules or statements, has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith for the taxable period stated, pursuant to the Transient Accommodations Tax Law, Chapter 237D, HRS. I also reaffirm my statements on my operator's registration (as amended).

A CORPORATION OR PARTNERSHIP TAX RETURN MUST BE SIGNED BY AN OFFICER, PARTNER, OR DULY AUTHORIZED AGENT OF SUCH ENTITY.

SIGNATURE _____ TITLE _____ DATE _____

— MAILING ADDRESSES —

OAHU DISTRICT OFFICE P.O. BOX 2430 HONOLULU, HI 96804-2430	MAUI DISTRICT OFFICE P.O. BOX 1427 WAILUKU, HI 96793-6427	HAWAII DISTRICT OFFICE P.O. BOX 937 HILO, HI 96721-0937	KAUAI DISTRICT OFFICE P.O. BOX 1687 LIHUE, HI 96766-5687
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THIS SPACE FOR DATE RECEIVED STAMP

PART I — EXEMPTIONS AND/OR DEDUCTIONS

LIST DETAILS CONCERNING "EXEMPTIONS" AND/OR "DEDUCTIONS" CLAIMED.

Operators of health care facilities, school dormitories, lodging provided by nonprofit corporations or associations, military living accommodations, low-income rental accommodations subsidized by the government, accommodations furnished to full-time, post secondary students, and accommodations furnished without charge are exempt from the tax. **Also, any general excise taxes visibly passed on to the customer and any transient accommodations taxes visibly passed on to the customer after June 30, 1990 are not to be included as part of gross rental proceeds.** Accounts that are worthless and actually charged off may be excluded from gross rental proceeds. If any of these exemptions or exclusions are claimed in column b on the front page, you must itemize them in the spaces provided below. Enter the grand total of exemptions and deductions on line 20, front page.

Amounts claimed as exemptions and/or deductions for the appropriate Taxation District(s) must be explained below; otherwise, such amounts will be disallowed and proposed assessments prepared against you.

AMOUNT (NOTE: If additional space is needed, please attach schedule.)

		DISTRICT 1 — OAHU
		TOTAL EXEMPTIONS and/or DEDUCTIONS (Enter here and on line 1, column b, front page)
		DISTRICT 2 — MAUI, MOLOKAI, LANAI
		TOTAL EXEMPTIONS and/or DEDUCTIONS (Enter here and on line 2, column b, front page)
		DISTRICT 3 — HAWAII
		TOTAL EXEMPTIONS and/or DEDUCTIONS (Enter here and on line 3, column b, front page)
		DISTRICT 4 — KAUAI
		TOTAL EXEMPTIONS and/or DEDUCTIONS (enter here and on line 4, column b, front page)

AMOUNT

		GRAND TOTAL EXEMPTIONS and/or DEDUCTIONS (Enter here and on line 20, front page)
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PART II — RECONCILIATION OF GROSS PROCEEDS OR GROSS INCOME

AMOUNT

		1. Gross rental proceeds or gross rental (Total of lines 1 through 4, column (a) from front page.) (Note: Does NOT include GE taxes visibly passed on or TA taxes visibly passed on after June 30, 1990.)
		2. Total General Excise Tax visibly passed on.
		3. Add lines 1 and 2. This amount should equal your gross receipts from transient accommodations rentals as reported on your General Excise Tax Annual Return and Reconciliation (Form G-49).

PART III — RECONCILIATION OF PAYMENT OF TAXES

ENTER TAXES PAID BY MONTHS IF MONTHLY RETURNS WERE FILED, CALENDAR QUARTERS IF ONLY QUARTERLY RETURNS WERE FILED, OR SEMIANNUAL PERIODS IF ONLY SEMIANNUAL RETURNS WERE FILED.

JAN \$ _____	APR \$ _____	JUL \$ _____	OCT \$ _____
FEB \$ _____	MAY \$ _____	AUG \$ _____	NOV \$ _____
MAR \$ _____	JUN \$ _____	SEP \$ _____	DEC \$ _____
1st QTR \$ _____	2nd QTR \$ _____	3rd QTR \$ _____	4th QTR \$ _____
1st SEMIANNUAL PERIOD \$ _____		2nd SEMIANNUAL PERIOD \$ _____	